Application Data Sheet

Application Information

Application Type::

Regular

Subject Matter::

Utility

Title::

METHOD OF CONTROLLING LOCALIZED SHAPE

OF A DATA HEAD AND FOR CHARACTERIZING

THE SHAPE

Attorney Docket Number::

S01.12-0983/STL 11297

Request for Non-Publication?::

Yes

Suggested Drawing Figure::

4

Total Drawing Sheets::

Small Entity?::

No

Petition included?::

No

Petition Type::

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Given Name::

Moshe

Family Name::

Olim

Name Suffix::

City of Residence::

Eden Prairie

State or Province of Residence::

MN

Country of Residence::

US

Street of Mailing address::

8834 Danton Way

City of Mailing address::

Eden Prairie

State of Province of mailing address:: MN

Country of mailing address::

Postal or Zip Code::

55347

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Given Name:: Stefan
Family Name:: Weissner

Name Suffix::

City of Residence:: Minneapolis

State or Province of Residence:: MN Country of Residence:: US

Street of Mailing address:: 3449 Blaisdell Avenue

City of Mailing address:: Minneapolis

State of Province of mailing address:: MN

Country of mailing address::

Postal or Zip Code:: 55408

Applicant Authority Type:: Inventor
Primary Citizenship Country:: China
Given Name:: Ling
Family Name:: Ma

Name Suffix::

City of Residence:: Eden Prairie

State or Province of Residence:: MN Country of Residence:: US

Street of Mailing address:: 9059 Douglas Drive

City of Mailing address:: Eden Prairie

State of Province of mailing address:: MN

Country of mailing address::

Postal or Zip Code:: 55347

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: Clarence

Family Name:: Matson

Name Suffix::

City of Residence:: Eden Prairie

State or Province of Residence:: MN Country of Residence:: US

Street of Mailing address:: 9767 LaForet Drive

City of Mailing address:: Eden Prairie

State of Province of mailing address:: MN

Country of mailing address::

Postal or Zip Code:: 55347

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: Sarah R.

Family Name:: Marotz

Name Suffix::

City of Residence:: Bloomington

State or Province of Residence:: MN Country of Residence:: US

Street of Mailing address:: 19 West 104th Street

City of Mailing address:: Bloomington

State of Province of mailing address:: MN

Country of mailing address::

Postal or Zip Code:: 55420

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: James
Family Name:: Wagner

Name Suffix::

City of Residence:: Prior Lake

State or Province of Residence:: MN Country of Residence:: US

Street of Mailing address:: 16099 Northwood Road

City of Mailing address:: Prior Lake

State of Province of mailing address:: MN

Country of mailing address::

Postal or Zip Code:: 55372

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: Zine-Eddine Family Name:: Boutaghou

Name Suffix::

City of Residence:: North Oaks

State or Province of Residence:: MN Country of Residence:: US

Street of Mailing address:: 4 Shadow Lane City of Mailing address:: North Oaks

State of Province of mailing address:: MN

Country of mailing address::

Postal or Zip Code:: 55127

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: Peter R. Family Name:: Goglia

Name Suffix::

City of Residence:: Edina

State or Province of Residence:: MN
Country of Residence:: US

Street of Mailing address:: 5512 Highland Road

City of Mailing address: Edina
State of Province of mailing address:: MN

Country of mailing address::

Postal or Zip Code:: 55436

Correspondence Information

Name:: David D. Brush

Street of mailing address:: Westman, Champlin & Kelly

900 Second Avenue South, Suite 1600

City of mailing address:: Minneapolis State or Province of mailing address:: MN

Postal or Zip Code of mailing address:: 55402-3319

Phone number:: 612/334-3222
Fax number:: 612/334-3212

E-Mail address:: dbrush@wck.com

Representative Information

Representative Customer Number:: 000027365

Assignee Information

Assignee name:: Seagate Technology LLC

Street of mailing address:: 920 Disc Drive
City of mailing address:: Scotts Valley

State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95066

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Initial